Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source
CT0560132	FIRST CONGREGATIONAL CHURCH OF GRANE	ЗҮ			NTNC	40	Р	GW
Local Address (v	vhere applicable)	Service	Resider	ntial	Commerci	al Industri	al Combine	ed Agricultural
219 NORTH GRA	ANBY ROAD	Connections					2	

Towns Served:			
Monitoring	Requirements		
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 006	00)		
Asbestos (1094)		1 routine	(RT) per nine years
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	1/1/11 - 12/31/19		
	1/1/20 - 12/31/28		
Total Coliform (3100)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		
Lead And Copper (PBCU)		5 routine	(RT) per six months
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	7/1/18 - 12/31/18		Complete
	1/1/19 - 6/30/19		
	7/1/19 - 12/31/19		
Physical Parameters (PPS)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		
Water System Facility: ENTRY POINT - WELL 2 (WSF ID: 0070	01)		
Inorganic Chemicals (IOCS)		1 routine	(RT) per three years
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT - WELL 2 (3)	1/1/17 - 12/31/19		
	1/1/20 - 12/31/22		
Nitrate And Nitrite (NOX)		1 r	outine (RT) per year
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT - WELL 2 (3)	1/1/18 - 12/31/18		Complete
	1/1/19 - 12/31/19		Complete
	1/1/20 - 12/31/20		
Pesticides, Herbicides and PCBs - Phase II & V (SOCS)		1 routine	(RT) per three years
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT - WELL 2 (3)	1/1/17 - 12/31/19		Complete
	1/1/20 - 12/31/22		
Organic Chemicals (VOCS)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT - WELL 2 (3)	10/1/18 - 12/31/18		
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19	-	

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

Schedule Generation Date: 4/11/2019

	Campagali		CD1-1: 11	المالية		TAY	-4- 0		
	Connecticut De	•				_		ection	
	Water Q	uality Monit	coring and						
PWS ID	PWS Name			Cl	assification	on Popu	lation O	wner Type P	rimary Source
CT0560132	FIRST CONGREGATIONAL	L CHURCH OF GRAN	IBY		NTNC	2	10	Р	GW
Local Address (\	where applicable)		Service	Residentia	I Comm	ercial Ir	ndustrial	Combined	Agricultura
219 NORTH GRA	ANBY ROAD		Connections					2	
Towns Served:									
		Monit	oring Requ	irement	S				
Water System	Facility: ENTRY POINT	- WELL 2 (WSF II	D: 00701)						
Organic Chen	nicals (VOCS)						1 rc	outine (RT)	per quarter
Sampling I	Point (Sampling Point ID)			Monitoring	Period	Collect	ion Perio	d Compli	ance Status
				7/1/19 - 9/	30/19				
		Other C	ompliance	Schedul	les				
Compliance Sch	nedule Activity			Du	e Date		Achieve	d Date	
SUBMIT LEAD C	ONSUMER NOTICE CERTIF	ICATE		12/2	29/2010				
SUBMIT LEAD C	ONSUMER NOTICE CERTIF	ICATE		3/3	1/2017				
SUBMIT LEAD C	ONSUMER NOTICE CERTIF	ICATE		9/2	8/2017				
CROSS CONNEC	TION EXEMPTION			3/1	/2022				
		Public Not	tification R	equirem	ents				
/		C	Compliance	Notice		c Notifico		•	rification
Violation/Situa		10/1	Period	Tier	Requir		rformed	Due to DPH	Received
Organic Chemic	als M&R Violation		/18 - 12/31/18		3/14/20			3/24/2020	
	Wate	r System Facil	ity and Sar	npling P	oint In	vento	ry		
Water	C	6 " 6"	c !: 5 :			Total	Lead an		-
	er System Facility	Sampling Point ID	Sampling Police Description	nt		Coliform			Stage WQP 2 DBPI
Facility ID	DIDLITION CYCTEM		UNTILITY ROC	NA	Status	Rule		er Asbestos	WQP Z DBPI
00600 DIST	RIBUTION SYSTEM	1		λίνι	A	Y	2		
		2	BOYS ROOM		A	Y	2		
		3	GIRLS ROOM		A	Y	2		
		4	KITCHEN	_	A	Y	2	.,	
		5	LADIES ROOM		Α	Y	2	Y	
		6	MEN'S ROOM		Α	Υ	2		
		7	SOUTHEAST C		Α	Υ	2		
		8	NORTHWEST		. A	Υ	2		
		DOWNSTREAM			Α				
		UPSTREAM	WITHIN 5 SER	VICE CON	Α				
00701 ENTF	RY POINT - WELL 2	3	ENTRY POINT	- WELL 2	Α				
58343 WEL	L 2	2	WELL 2		Α				
		Certified	Operator	Informat	tion				
Water System	Facility: DISTRIBUTIO	N SYSTEM (WSF I	D: 00600)						
Facility Classific	cation: SMALL WATER SYS	TEM							Certification
Operator Name	?	Operator Typ	e Ce	ertification(s	s)				Expiration
CHOUINARD, TH	HOMAS	CHIEF OPERATO	OR W	ATER TREAT	MENT PL	ANT OPE	RATOR -	CLASS I	12/31/2020
		Con	tact Inforr	nation					
Name		0	rganization					Job Title	
Mr. Jerry Kimbl	le	Fi	rst Congregation	nal Church		Ser	nior Trust	ee	
							_		

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

Zip Code

State

City

Mailing Address Line Two

Mailing Address Line One

	Connectic	ut Depa	rtment of	f Public	Health	Drir	iking V	<i>N</i> ater	Section	ı	
	Wat	ter Qua	lity Monit	toring a	nd Con	nplia	nce Sc	hedul	e		
PWS ID	PWS Name					Classif	ication Po	pulation	Owner Type	Primary	Source
CT0560132	FIRST CONGREG	ATIONAL CH	URCH OF GRAN	NBY		NT	NC	40	Р	GV	V
Local Address (wl	nere applicable)			Service	Residen	tial Co	mmercial	Industria	al Combir	ned Agric	ultural
219 NORTH GRAN	NBY ROAD			Connection	ns				2		
Towns Served:									'	'	
219 North Grand	у ка						Granby		CI	UbU.	35
Business Phone	Extension	Fax	Mob	ile Phone	Emergency	/ Phone	Email Ad	dress			
860-730-6027					860-306-	2146	jerry.kim	ble@sbcgl	lobal.net		
Contact Role(s):	Administrative	Contact, Leg	al Contact								
Name			O)rganization					Job Tit	le	
First Congregation	nal Church of G	ranby									
Mailing Address I	ine One		Mailing Addres	ss Line Two				City	State	Zip Co	ode
215 North Granb	y Rd						Granby		СТ	06035-	1302
Business Phone	Extension	Fax	Mob	ile Phone	Emergency	/ Phone	Email Ad	dress	,		
Contact Role(s):	Legal Contact, C	Owner									

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Connecticut Department of Water Quality Monito				C	,		
PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source
CT0560282	KELLY LANE PRIMARY SCHOOL				NTNC	357	L	GW
Local Address	(where applicable)	Service	Residen	itial	Commerci	al Industria	al Combine	ed Agricultural

1

Connections

60 KELLY LANE

Towns Served:			
Monitoring	Requirements		
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 006	500)		
Asbestos (1094)		1 routine	(RT) per nine years
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	1/1/11 - 12/31/19		
	1/1/20 - 12/31/28		
Total Coliform (3100)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		
Lead And Copper (PBCU)		5 routine	(RT) per three years
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	1/1/18 - 12/31/20	6/1-9/30	
	1/1/21 - 12/31/23	6/1-9/30	
Physical Parameters (PPS)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		
Water System Facility: ENTRY POINT (WSF ID: 00700)			
Inorganic Chemicals (IOCS)		1 routine	(RT) per three years
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/18 - 12/31/20		
	1/1/21 - 12/31/23		
Nitrate And Nitrite (NOX)		1 r	outine (RT) per year
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/18 - 12/31/18		Complete
	1/1/19 - 12/31/19		Complete
	1/1/20 - 12/31/20		
Pesticides, Herbicides and PCBs - Phase II & V (SOCS)		1 routine	(RT) per three years
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/17 - 12/31/19		Complete
	1/1/20 - 12/31/22		
Organic Chemicals (VOCS)		1 routine	(RT) per three years
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/17 - 12/31/19		
	1/1/20 - 12/31/22		

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source
CT0560282	KELLY LANE PRIMARY SCHOOL				NTNC	357	L	GW
Local Address (v	vhere applicable)	Service	Resider	ntial	Commercia	al Industri	al Combine	ed Agricultural
60 KELLY LANE		Connections			1			

Towns Served:

Other Com	pliance Schedules		
Compliance Schedule Activity	Due Date	Achieved Date	
SUBMIT LEAD CONSUMER NOTICE CERTIFICATE	12/29/2017		
CROSS CONNECTION SURVEY REPORT	3/1/2020		

	Wa	iter System Facili	ity and Sampling P	oint Ir	nventoi	ry		
Water System Facility IL	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule		Asbestos	Stage WQP 2 DBP
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ			
		BR1	BOYS ROOM 1	Α		N		
		DF1	DRINKING FAUCET 1	Α		N		
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α				
		GR1	GIRLS ROOM 1	Α		N		
		K1	KITCHEN FAUCET 1	Α	Υ	N	Υ	Υ
		K2	KITCHEN FAUCET 2	Α		N		
		UPSTREAM	WITHIN 5 SERVICE CON	Α				
00700	ENTRY POINT	3	ENTRY POINT	Α				
52565	WEST WELL #1	2	WEST WELL #1	Α				
52567	EAST WELL #2	2	EAST WELL #2	Α				
52569	ATMOSPHERIC TANK							
52571	PRESSURE TANK							

Certified Operator Inform	mation

Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)

Facility Classification: SMALL WAT	ER SYSTEM		Certification
Operator Name	Operator Type	Certification(s)	Expiration
CHOUINARD, THOMAS	CHIEF OPERATOR	WATER TREATMENT PLANT OPERATOR - CLASS I	12/31/2020
BYRON, ROY	ASSIGNED OPERATOR	WATER TREATMENT PLANT OPERATOR - CLASS IV	12/31/2019
		DISTRIBUTION SYSTEM OPERATOR - CLASS III	12/31/2020

									, - , -
			C	ontact Inf	ormation				
Name				Organization	า			Job Title	
Dr. Alan Addley				Granby Publ	ic School		Superinten	dent	
Mailing Address Line One Mailing Addr			ress Line Two			City	State	Zip Code	
Board of Education	Office		15-B North	Granby Road		Granby		СТ	06035
Business Phone	Extension	Fax	М	obile Phone	Emergency Phone	Email Ad	ddress		
860-844-5260									
	*		*						

Contact Role(s): Administrative Contact

(Connecticu	t Depa	irtment of	f Public	Health	Drir	iking	Water	Section			
	Wate	er Qua	lity Monit	coring a	nd Con	nplia	nce S	chedul	le			
PWS ID	PWS Name					Classif	ication	Population	Owner Type	Primary Source		
CT0560282	KELLY LANE PRIMARY SCHOOL				NT	NC	357	L	GW			
Local Address (where applicable)				Service	Resider	ntial Co	mmercia	al Industri	al Combine	ed Agricultural		
60 KELLY LANE				Connection	ns		1					
Towns Served:												
Name			0	rganization				Job Title				
Mr. John D Ward			To	own of Grant	ру			Town Ma	nager			
Mailing Address L	ine One		Mailing Addres	s Line Two				City	State	Zip Code		
Granby Town Hal	l		15 North Grant	oy Road			Granby		СТ	06035		
Business Phone	Extension	Fax	Mob	obile Phone								
860-844-5300												
Contact Role(s):	Legal Contact		1									

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule

Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source
CT0560372	WELLS ROAD INTERMEDIATE SCHOOL				NTNC	405	L	GW
Local Address (v	where applicable)	Service	Residen	itial	Commercia	al Industri	al Combine	ed Agricultural
134 WELLS ROA	D	Connections	1					

Requirements		
0)		
	1 routine	(RT) per nine years
Monitoring Period	Collection Period	Compliance Status
1/1/11 - 12/31/19		
1/1/20 - 12/31/28		
	1 rout	ine (RT) per quarter
Monitoring Period	Collection Period	Compliance Status
10/1/18 - 12/31/18		Complete
1/1/19 - 3/31/19		Complete
4/1/19 - 6/30/19		
7/1/19 - 9/30/19		
	10 routine	(RT) per six months
Monitoring Period	Collection Period	Compliance Status
7/1/18 - 12/31/18		Complete
1/1/19 - 6/30/19		
7/1/19 - 12/31/19		
	1 rout	ine (RT) per quarter
Monitoring Period	Collection Period	Compliance Status
10/1/18 - 12/31/18		Complete
1/1/19 - 3/31/19		Complete
4/1/19 - 6/30/19		
7/1/19 - 9/30/19		
	1 routine	(RT) per three years
Monitoring Period	Collection Period	Compliance Status
1/1/18 - 12/31/20		
1/1/21 - 12/31/23		
	1 re	outine (RT) per year
Monitoring Period	Collection Period	Compliance Status
1/1/18 - 12/31/18		Complete
1/1/19 - 12/31/19		Complete
1/1/20 - 12/31/20		
	1 routine	(RT) per three years
Monitoring Period	Collection Period	Compliance Status
1/1/17 - 12/31/19		Complete
1/1/20 - 12/31/22		
	1 routine	(RT) per three years
Monitoring Period	Collection Period	Compliance Status
1/1/17 - 12/31/19		Complete
	Monitoring Period 1/1/11 - 12/31/19 1/1/20 - 12/31/28 Monitoring Period 10/1/18 - 12/31/18 1/1/19 - 3/31/19 4/1/19 - 6/30/19 7/1/19 - 9/30/19 Monitoring Period 7/1/18 - 12/31/18 1/1/19 - 6/30/19 7/1/19 - 12/31/19 Monitoring Period 10/1/18 - 12/31/18 1/1/19 - 3/31/19 4/1/19 - 6/30/19 7/1/19 - 9/30/19 Monitoring Period 1/1/18 - 12/31/20 1/1/19 - 12/31/20 1/1/18 - 12/31/20 1/1/18 - 12/31/18 1/1/19 - 12/31/19 1/1/20 - 12/31/20 Monitoring Period 1/1/17 - 12/31/19 1/1/20 - 12/31/22 Monitoring Period 1/1/17 - 12/31/19 1/1/20 - 12/31/22	1 routine

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	Connecticut Department of Public Health Drinking Water Section									
	Water Quality Monitoring and Compliance Schedule									
PWS ID	PWS ID PWS Name			Cla	ssification	Population	Owner Type	Primary Source		
CT0560372	WELLS ROAD INTERMEDIATE SCHOOL				NTNC	405	L	GW		
Local Address (where applicable) Service Reside			Residen	itial	Commerci	al Industri	al Combin	ed Agricultura		
134 WELLS ROA	Connections	1								

Towns Served:

Monitoring Requirements								
Water System Facility: ENTRY POINT (WSF ID: 00700)								
Organic Chemicals (VOCS) 1 routine (RT) po								
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status					
ENTRY POINT (3)	1/1/18 - 12/31/18		Complete					
	1/1/19 - 12/31/19							
	1/1/20 - 12/31/20							

Monthly Water System Facility (WSF) Level Monitoring Requirements

	,	,	B c q u c c	
Water System Facility:	DISTRIBUTION SYSTEM (WSFID: 006	00)		
Analyte	Monitoring Requirement (Summary Ty	t	Samples Req/Month	
рН	Entry Point pH Monitoring (PHRD)	Minimum: 7.0	PH	4
Start Date: 4/1/2018		Compliance History:	Operating Limit	Monitoring
		Monitoring Period	Compliance Status	: Compliance Status:
		11/1/2018 - 11/30/2018		N
		12/1/2018 - 12/31/2018		N
		1/1/2019 - 1/31/2019		N
		2/1/2019 - 2/28/2019		N
		3/1/2019 - 3/31/2019		
		4/1/2019 - 4/30/2019		

Other Compliance Schedules								
Compliance Schedule Activity	Due Date	Achieved Date						
SUBMIT LEAD CONSUMER NOTICE CERTIFICATE	12/29/2011							
SUBMIT LEAD CONSUMER NOTICE CERTIFICATE	12/29/2012							
CROSS CONNECTION SURVEY REPORT	3/1/2020							

CROSS COMMEC	TION SURVEY REPORT		3/.	1/2020				
	Wate	r System Facili	ty and Sampling P	oint Ir	rventor	У		
Water System Wat	er System Facility	Sampling Point	Sampling Point		Total Coliform	Lead and Copper		Stage
Facility ID		ID	Description	Status	Rule	Rule Tier	Asbestos	WQP 2 DBPR
00600 DIST	RIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ			
		BR2	BOYS ROOM 2	Α		N		
		BRM	BOYS ROOM	Α		N		
		DF1	DRINKING FOUNTAIN 1	Α		N		
		DF2	DRINKING FOUNTAIN 2	Α		N		
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α				
		GR2	GIRLS ROOM 2	Α		N		
		GRM	GIRLS ROOM	Α		N		
		K1	KITCHEN FAUCET 1	Α	Υ	N	Υ	
		K2	KITCHEN FAUCET 2	Α		N		
		LAV 1	LAV FAUCET 1	Α		N		
		LAV 2	LAV FAUCET 2	Α		N		
		OF1	OUTSIDE FAUCET 1	Α				

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Connecticut Department of Fublic Health Drinking Water Section									
Water Quality Monitoring and Compliance Schedule									
PWS ID PWS Name				Cla	ssification	Population	Owner Type	Prin	nary Source
CT0560372	WELLS ROAD INTERMEDIATE SCHOOL				NTNC	405	L		GW
Local Address (where applicable) Service Res			Residen	itial	Commerci	al Industri	al Combine	ed	Agricultural
134 WELLS ROAD Connections 1									

Connecticut Department of Public Health Drinking Water Section

	Water System Facility and Sampling Point Inventory								
Water System Facility IE	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule		Asbestos		Stage 2 DBPR
		OF2	OUTSIDE FAUCET 2	A					
		UPSTREAM	WITHIN 5 SERVICE CON	Α					
00700	ENTRY POINT	3	ENTRY POINT	Α					
1250	WELLS ROAD ELEMENTARY TREATMENT SYSTEM								
51152	WELL 2	2	WELL 2	Α					
51154	ATMOSPHERIC TANK								
51156	PRESSURE TANK								
51158	PUMP STATION								
55351	WELL #1A	2	WELL #1A	Α					
	Certified Operator Information								

Certified Operator Information

Water System Facility: WELLS ROAD ELEMENTARY TREATMENT SYSTEM (WSF ID: 1250)

Facility Classification: CLASS 1 TREATMENT PLANT							
Operator Name	Operator Type	Certification(s)	Expiration				
CHOUINARD, THOMAS	CHIEF OPERATOR	WATER TREATMENT PLANT OPERATOR - CLASS I	12/31/2020				

Contact Information									
Name				Organization	ı	Job Title			
Dr. Alan Addley			Granby Public School			Superintendent			
Mailing Address Lin	e One		Mailing Addı	address Line Two			City	State	Zip Code
Board of Education	Office		15-B North G	Granby Road		Granby		СТ	06035
Business Phone	Extension	Fax	Mo	Mobile Phone Emergency Phone		Email Ad	ddress		
860-844-5260									

Contact Role(s): Administrative Contact

Name			Organization	1	Job Title				
Mr. John D Ward			Town of Gra	nby	Town Manager				
Mailing Address Lin	e One		Mailing Add	dress Line Two			City	State	Zip Code
Granby Town Hall			15 North G	ranby Road		Granby		СТ	06035
Business Phone	Extension	Fax	N	1obile Phone	Emergency Phone	Email Ad	ldress		
860-844-5300									

Contact Role(s): Legal Contact

Please note the following:

Towns Served:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule

Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

PWS ID PWS Name			Cla	ssification	Population	Owner Type	Primary Source	
CT0565013 MONROVIA NURSERIES (FLOYDVILLE)				NTNC	80	Р	GW	
Local Address (where applicable)		Service	Resider	ntial	Commerci	al Industri	al Combin	ed Agricultural
41 FLOYDVILLE ROAD		Connections	1					

Towns Served:			<u> </u>
Monitoring	Requirements		
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 006	500)		
Asbestos (1094)		1 routine	(RT) per nine years
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	1/1/11 - 12/31/19		
	1/1/20 - 12/31/28		
Total Coliform (3100)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		
Lead And Copper (PBCU)		5 routine	(RT) per three years
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	1/1/16 - 12/31/18	6/1-9/30	Complete
	1/1/19 - 12/31/21	6/1-9/30	
	1/1/22 - 12/31/24	6/1-9/30	
Physical Parameters (PPS)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		
Water System Facility: ENTRY POINT (WSF ID: 00700)			
Inorganic Chemicals (IOCS)		1 routine	(RT) per three years
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/18 - 12/31/20		
	1/1/21 - 12/31/23		
Nitrate And Nitrite (NOX)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		
Pesticides, Herbicides and PCBs - Phase II & V (SOCS)		1	(RT) per three years
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/17 - 12/31/19	1/1-12/31	Waiver
Pesticides, Herbicides and PCBs - Phase II & V (SOCS)		1 routine	(RT) per three years
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/20 - 12/31/22		
Organic Chemicals (VOCS)		1 routine	(RT) per three years
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule

PWS ID PWS Name C			Cla	ssification	Population	Owner Type	Primary Source	
CT0565013 MONROVIA NURSERIES (FLOYDVILLE)				NTNC	80	Р	GW	
Local Address (where applicable)		Service	Resider	ntial	Commerci	al Industri	al Combine	ed Agricultural
41 FLOYDVILLE ROAD		Connections	1					

Towns Served:

Monitoring Requirements								
Water System Facility: ENTRY POINT (WSF ID: 00700)								
Organic Chemicals (VOCS) 1 routine (RT) per three year								
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status					
ENTRY POINT (3)	1/1/16 - 12/31/18		Complete					
	1/1/19 - 12/31/21							
	1/1/22 - 12/31/24							

Other Compliance Schedules							
Compliance Schedule Activity	Due Date	Achieved Date					
SUBMIT LEAD CONSUMER NOTICE CERTIFICATE	12/29/2018						
CROSS CONNECTION SURVEY REPORT	3/1/2024						

	Wa	ater System Facili	ty and Sampling P	oint Ir	ventor	у		
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ			
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α				
		MNF01	CUST SER MENS	Α	Υ	1		
		MNF02	CUST SER WOMENS	Α		1		
		MNF03	CUST SER KITCHEN	Α	Υ	1	Υ	
		MNF04	GARAGE BTHRM	Α	Υ	1		
		MNF05	TAG BATHRM	Α	Υ	1		
		MNF06	TAG KITCHEN	Α	Υ	1		
		MNF07	PESTICIDE BATHRM	Α	Υ	1		
		MNF08	POTTING WOMENS	Α	Υ	1		
		MNF09	POTTING MENS	Α	Υ	1		
		MNF10	POTTING KITCHEN	Α	Υ	1		
		MNF11	PROP MENS	Α	Υ	1		
		MNF12	PROP WOMENS	Α	Υ	1		
		MNF13	PROP KITCHEN	Α	Υ	1		
		UPSTREAM	WITHIN 5 SERVICE CON	Α				
00700	ENTRY POINT	3	ENTRY POINT	Α				
10249	WELL	2	WELL	Α				
10250	WELL	2	WELL	Α				
10251	WELL	2	WELL	Α				

Certified Operator Information							
Water System Facility: DIST	RIBUTION SYSTEM (WSF ID: 006	500)					
Facility Classification: SMALL V	VATER SYSTEM		Certification				
Operator Name	Operator Type	Certification(s)	Expiration				
RADICCHI, PAUL J.	CHIEF OPERATOR	DISTRIBUTION SYSTEM OPERATOR - CLASS III	6/30/2021				

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

	Water Quality Monit	oring an	d Con	npl	liance S	Schedul	e	
PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source
CT0565013	0565013 MONROVIA NURSERIES (FLOYDVILLE)					80	Р	GW
Local Address ((where applicable)	Service	Resider	ntial	Commerci	al Industri	al Combine	ed Agricultural
41 FLOYDVILLE	ROAD	Connections	1					
Towns Served:						'		

Connecticut Department of Public Health Drinking Water Section

	Certified Ope	rator Information	OPERATOR - CLASS II 1	
Water System Facility: DISTRIB	UTION SYSTEM (WSF ID: 006	500)		
Facility Classification: SMALL WAT	ER SYSTEM			Certification
Operator Name	Operator Type	Certification(s)		Expiration
		WATER TREATMENT PLANT O	OPERATOR - CLASS II	12/31/2020
	Contact	Information		
Name	Organiza	ation	Job Title	2

Monrovia Connecticut LLC

City

90 Salmon Brook S	street					Granby	СТ	06035		
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Address				
860-653-4541	173	860-844-	6063			Idemers@monrovia	.com			
Contact Role(s):	Administrative	Contact								
Name				Organizatio	on		Job Title			
Ms. Laure Petren S	Smith			Monrovia (Connecticut LLC	General Ma	anager			
Mailing Address Li	ne One		Mailing	Address Line Tw	0	City	State	Zip Code		
90 Salmon Brook R	Road					Granby	СТ	06035		
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Address				
860-653-1633		860-844-	8609			lpetrensmith@moni	ensmith@monrovia.com			
Contact Role(s): L	egal Contact					·		·		

Please note the following:

Ms. Laurie Demers

Mailing Address Line One

1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.

Mailing Address Line Two

- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule

Zip Code

State

	Water Quality	Monitor	ring and	d Con	npl	iance S	Schedul	e		
PWS ID	PWS Name				Clas	ssification	Population	Owner Type	Prim	nary Source
CT0565063	4 WEST GRANBY ROAD					NTNC	97	Р		GW
Local Address (where applicable)	Se	ervice	Residen	itial Commerc		al Industri	al Combine	ed <i>F</i>	Agricultural
		C	onnoctions							

Connecticut Department of Public Health Drinking Water Section

Towns Served: GRANBY			
Monitor	ing Requirements		
Water System Facility: DISTRIBUTION SYSTEM (WSF ID:	00600)		
Asbestos (1094)		1 routine	(RT) per nine years
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	1/1/11 - 12/31/19		
	1/1/20 - 12/31/28		
Total Coliform (3100)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		
Lead And Copper (PBCU)		5 r	outine (RT) per year
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	1/1/18 - 12/31/18	6/1-9/30	Complete
	1/1/19 - 12/31/19	6/1-9/30	
	1/1/20 - 12/31/20	6/1-9/30	
Physical Parameters (PPS)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		
Water System Facility: ENTRY POINT (WSF ID: 00700)			
Chloride (1017)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		
Nitrate (1040)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		
Nitrite (1041)		1 r	outine (RT) per year
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/18 - 12/31/18		Complete
	1/1/19 - 12/31/19		Complete
	1/1/20 - 12/31/20		

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT0565063	4 WEST GRANBY ROAD			NTNC	97	Р	GW
Local Address (v	vhere applicable)	Service	Resident	ial Commerc	ial Industri	al Combine	ed Agricultural
		Connections	1				

Towns Served: GRANBY

SUBMIT LEAD CONSUMER NOTICE CERTIFICATE

Mator

Monitori	ng Requirements								
Water System Facility: ENTRY POINT (WSF ID: 00700)									
Inorganic Chemicals (IOCS)		1 routine (RT) per three yea							
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status						
ENTRY POINT (3)	1/1/18 - 12/31/20								
	1/1/21 - 12/31/23								
Pesticides, Herbicides and PCBs-Phase II (SOC2)		1 routine	(RT) per three years						
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status						
ENTRY POINT (3)	1/1/17 - 12/31/19								
	1/1/20 - 12/31/22								
Pesticides, Herbicides and PCBs-Phase V (SOC5)		1 routine	(RT) per three years						
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status						
ENTRY POINT (3)	1/1/17 - 12/31/19								
	1/1/20 - 12/31/22								
Organic Chemicals (VOCS)		1 r	outine (RT) per year						
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status						
ENTRY POINT (3)	1/1/18 - 12/31/18		Complete						
	1/1/19 - 12/31/19		Complete						
	1/1/20 - 12/31/20		_						

Other Comp	oliance Schedules	
Compliance Schedule Activity	Due Date	Achieved Date
SUBMIT LEAD CONSUMER NOTICE CERTIFICATE	12/29/2011	
SUBMIT LEAD CONSUMER NOTICE CERTIFICATE	12/29/2012	
SUBMIT LEAD CONSUMER NOTICE CERTIFICATE	12/29/2013	
SUBMIT LEAD CONSUMER NOTICE CERTIFICATE	12/29/2014	
CROSS CONNECTION EXEMPTION	3/1/2015	
SUBMIT LEAD CONSUMER NOTICE CERTIFICATE	12/29/2015	
SUBMIT LEAD CONSUMER NOTICE CERTIFICATE	12/29/2016	
SUBMIT LEAD CONSUMER NOTICE CERTIFICATE	12/29/2017	·

	Public Notification R	equiren	nents				
	Compliance	Notice	Public No	<u>tification</u>	PN Certification		
Violation/Situation	Period	Tier	Required	Performed	Due to DPH	Received	
Chloride MCL Violation	7/1/15 - 9/30/15	2	12/23/2015		1/2/2016		
Chloride MCL Violation	4/1/15 - 6/30/15	2	12/23/2015		1/2/2016		
Chloride MCL Violation	10/1/15 - 12/31/15	2	1/29/2016		2/8/2016		
Chloride MCL Violation	1/1/16 - 3/31/16	2	5/20/2016		5/30/2016		
Chloride MCL Violation	1/1/16 - 6/20/16	2	10/16/2016		10/26/2016		

12/29/2018

Page 14

Water System Facility and Sampling Point Inventory

water			Total	Leau ana	
System Water System Facility	Sampling Point	Sampling Point	Coliform	Copper	Stage
Facility ID	ID	Description	Status Rule	Rule Tier Asbes	stos WQP 2 DBPR
NOTE: This information has been unavided to help as			ata a a a a a ltara a a contelle al atachi		tanatan anni tanan ana

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

		Connecticut Dep	artment of	Public H	lealth	D	rinking	3 W	/ater	Section	1	
		Water Qua	ality Monit	oring and	d Con	np	liance S	Sch	edul	e		
PWS ID		PWS Name				Cla	assification	Pop	ulation	Owner Typ	e Pr	imary Source
СТ056506	53	4 WEST GRANBY ROAD					NTNC		97	Р		GW
Local Add	ress (w	here applicable)		Service	Residen	tial	Commerci	al	Industria	al Combi	ned	Agricultural
				Connections	1							
Towns Se	rved: G	GRANBY								1		
00600	DISTR	RIBUTION SYSTEM	34R3	ROOM 3 & 4			A	Υ	N			
			4	GENERIC DIST	RIBUTIO	N	Α	Υ				
			BAS5	B & A SCHOO	L		Α	Υ	N			
			DOWNSTREAM	WITHIN 5 SER	VICE CO	N	Α					
			IR1	INFANT ROOM	Л		Α	Υ	N			
			KR4	KITCHEN			Α	Υ	N			
			TR2	TODDLER ROO	MC		Α	Υ	N			
			UPSTREAM	WITHIN 5 SER	VICE COI	N	Α					
00700	ENTR	Y POINT	3	ENTRY POINT			Α					
10747	WFII	1	2	WFII 1			Δ					

Certified Operator Information

Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)

Facility Classification: SMALL WATER SYSTEM

Operator Name

Operator Type

Certification(s)

Expiration

OPERATOR ASSIGNMENT REQUIRED

STORAGE TANK

50188

	Contact Information											
Name				Organization	1		Job Title					
Mr. Michael Guarco				State Line O	il Company	Owner						
Mailing Address Line One Mai			Mailing Add	Nailing Address Line Two			City		Zip Code			
7 Bayberry Drive				East Grant		nby	СТ	06026				
Business Phone	Extension	Fax	N	Nobile Phone	Emergency Phone	Email Address						
860-653-7241												

Contact Role(s): Administrative Contact, Legal Contact, Owner

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule

Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Clas	ssification	Population	Owner Type	Primary Source
CT0565073	1 SALMON BROOK STREET - GRANBY				NTNC	80	Р	GW
Local Address (v	where applicable)	Service	Residen	itial	Commercia	al Industri	al Combine	ed Agricultural
1 SALMON BRO	OK STREET	Connections			1			

Towns Served: GRANBY			1
Monitori	ng Requirements		
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 0	00600)		
Asbestos (1094)		1 routine	(RT) per nine years
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	1/1/11 - 12/31/19		
	1/1/20 - 12/31/28		
Total Coliform (3100)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		
Lead And Copper (PBCU)		5 routine	(RT) per six months
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	7/1/18 - 12/31/18		Complete
	1/1/19 - 6/30/19		Complete
	7/1/19 - 12/31/19		
Physical Parameters (PPS)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		
Water System Facility: ENTRY POINT (WSF ID: 00700)			
Inorganic Chemicals (IOCS)		1 routine	(RT) per three years
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/18 - 12/31/20		
	1/1/21 - 12/31/23		
Nitrate And Nitrite (NOX)		1 r	outine (RT) per year
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/18 - 12/31/18		Complete
	1/1/19 - 12/31/19		Complete
	1/1/20 - 12/31/20		
Pesticides, Herbicides and PCBs-Phase II (SOC2)		1 routine	(RT) per three years
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/17 - 12/31/19		
	1/1/20 - 12/31/22		
Pesticides, Herbicides and PCBs-Phase V (SOC5)		1 routine	(RT) per three years
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/17 - 12/31/19		
	1/1/20 - 12/31/22		

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule **PWS ID PWS Name** Classification | Population | Owner Type | Primary Source 1 SALMON BROOK STREET - GRANBY GW CT0565073 NTNC 80 Local Address (where applicable) Residential Commercial Industrial Service Combined Agricultural Connections 1 SALMON BROOK STREET 1

Towns Served: GRANBY

Monitoring	Requirements		
Water System Facility: ENTRY POINT (WSF ID: 00700)			
Organic Chemicals (VOCS)		1 rc	outine (RT) per year
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/18 - 12/31/18		Complete
	1/1/19 - 12/31/19		Complete
	1/1/20 - 12/31/20		
Monthly Water System Facility ()	NSE) Level Monitorii	ng Requiremen	tc

IVIOI	ntniy water system Facility ((wsr) Leve	ei ivionitorii	ng Kequireme	nts
Water System Facility:	ENTRY POINT (WSFID: 00700)				
Analyte	Monitoring Requirement (Summary Ty	уре)	Operating Limit		Samples Req/Month
рН	Entry Point pH Monitoring (PHRD)		Minimum: 7.0 I	РН	4
Start Date: 4/1/2003		Compliance	History:	Operating Limit	Monitoring
		Monitoring F	Period	Compliance Status	: Compliance Status:
		11/1/2018 - :	11/30/2018		N
		12/1/2018 - :	12/31/2018		N
		1/1/2019 - 1,	/31/2019		N
		2/1/2019 - 2	/28/2019		N
		3/1/2019 - 3,	/31/2019	·	
		4/1/2019 - 4,	/30/2019		

Other Com	pliance Schedules	
Compliance Schedule Activity	Due Date	Achieved Date
SUBMIT LEAD CONSUMER NOTICE CERTIFICATE	3/31/2013	
SUBMIT LEAD CONSUMER NOTICE CERTIFICATE	9/28/2013	
SUBMIT LEAD CONSUMER NOTICE CERTIFICATE	3/31/2018	
SUBMIT LEAD CONSUMER NOTICE CERTIFICATE	9/28/2018	
SUBMIT LEAD CONSUMER NOTICE CERTIFICATE	3/31/2019	
SUBMIT LEAD CONSUMER NOTICE CERTIFICATE	9/28/2019	
CROSS CONNECTION EXEMPTION	3/1/2020	·

Public Notification Requirements							
	Compliance	Notice	<u>Public No</u>	<u>tification</u>	PN Certij	<u>fication</u>	
Violation/Situation	Period	Tier	Required	Performed	Due to DPH	Received	
Physical Parameters M&R Violation	10/1/17 - 12/31/17	3	3/16/2019		3/26/2019		
Total Coliform M&R Violation	10/1/17 - 12/31/17	3	3/16/2019		3/26/2019		

	Wa	ter System Facili	ty and Samplin	ig Point Ir	nventoi	ſy		
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage 2 DBPR
00600	DISTRIBUTION SYSTEM	1SB001	PRE-K 4	A				
		1SB002	PRE-K 3	Α				
		1SB003	KINDERGARTEN	Α	Υ	2		
		1SB004	INFANTS A	Α				

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

	Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule								
PWS ID	PWS Name		Classification P		Population	Owner Type	Pr	imary Source	
CT0565073	1 SALMON BROOK STREET - GRANBY				NTNC	80	Р		GW
Local Address (w	here applicable)	Residen	tial	Commerci	al Industri	al Combin	ed	Agricultural	
1 SALMON BROO	Connections			1					

Towns Ser	ved: GRANBY					I				
	Water 9	System Facili	ity and San	npling Po	int In	ventor	У			
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Poin		Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos		Stage DBPR
		1SB005	INFANTS B		А		2			
		1SB006 1SB007	STAFF TODDLERS		A A		2			
		1SB008	TWO'S		Α		2			
		1SB009	SCHOOL AGE		Α		2			
		1SB010	STAFF BATH		Α					
		4	DISTRIBUTION	SYSTEM	Α	Υ				
		DOWNSTREAM	WITHIN 5 SER	VICE CON	Α					
		UPSTREAM	WITHIN 5 SER	VICE CON	Α					
00700	ENTRY POINT	3	ENTRY POINT		Α					
10879	WELL	2	WELL		Α					
47529	SALMON BROOK TREATMENT STATION									
		Certified	Operator I	nformati	ion					
Water Sys	stem Facility: DISTRIBUTION S	SYSTEM (WSF I	D: 00600)							
Facility Cla	assification: SMALL WATER SYSTE	M							Certific	ation
Operator I	Name	Operator Typ	e Ce	rtification(s))				Expire	
PIERCE, BF	RIAN	CHIEF OPERATO	OR SM	IALL WATER	SYSTEN	OPERATO	OR CONDIT	IONAL	9/30/	2020
		Con	tact Inforn	nation						

			Cert	ified Operate	or Information	1			
Water System Fac	cility: DISTR	IBUTION SY	STEM ((WSF ID: 00600)					
Facility Classification	on: SMALL WA	TER SYSTEM						Certification	
Operator Name			Opera	tor Type	Certification(s)			Expiration	
PIERCE, BRIAN			CHIEF O	PERATOR	SMALL WATER SYS	TEM OPERATOR CO	NDITIONAL	9/30/2020	
				Contact Inf	ormation				
Name				Organization	1		Job Title		
Mr. Hal Pierce				Halmar Corp	oration	Property (
Mailing Address Lin	e One		Mailing	Address Line Two		City State			
522 Salmon Brook S	St					Granby	06035		
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Address			
860-653-7283		860-653-7	285						
Contact Role(s): A	dministrative (Contact, Leg	al Conta	ct, Owner					
Name				Organization	1		Job Title		
Halmar Inc									
Mailing Address Lin	e One		Mailing	Address Line Two		Zip Code			
522 Salmon Brook S	St					Granby	СТ	06035	
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Address			

Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

water quanty womtoring and compnance senedule								
PWS ID	PWS Name			Classification		Population	Owner Type	Primary Source
СТ0565073	1 SALMON BROOK STREET - GRANBY				NTNC	80	Р	GW
Local Address (where applicable)		Service	Residential		Commerci	al Industri	al Combine	ed Agricultural
1 SALMON BROOK STREET		Connections			1			
		•			•	•		

Towns Served: GRANBY Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule